

Unannounced Care Inspection Report

21 October 2020



Culmore Manor Care Centre

Type of Service: Nursing Home (NH)

Address: 39 Culmore Road, Londonderry BT48 8JB

Tel no: 028 7135 9302

Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 56 persons.

3.0 Service details

Organisation/Registered Provider: Lakewood Care Homes NI Ltd Responsible Individual(s): Christopher Walsh	Registered Manager and date registered: Ryan O'Donnell
Person in charge at the time of inspection: Ryan O'Donnell	Number of registered places: 56
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 55

4.0 Inspection summary

An unannounced inspection took place on 21 October 2020 from 09:40 to 17:20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified for improvement at the last inspection (20 January 2020) had been implemented and sustained.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4*

*The total number of areas for improvement include one under the standards which, due to the current pandemic, has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ryan O'Donnell, manager, and Ciaran Burke as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 19 October 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- record of complaints and compliments
- monthly monitoring reports for the period January to August 2020.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 20 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that the monthly monitoring report is reviewed in a robust manner by the manager and that a clear record is maintained of how the manager is addressing any action plan/corrective actions within the report.	Met
	Action taken as confirmed during the inspection A review of the systems in place to address the action plan in the monthly monitoring report confirmed that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: The manager discussed the action taken to address the issues identified in the previous inspection; no similar issues were observed during this inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.	Met
	Action taken as confirmed during the inspection: A new audit tool for care records has been introduced recently and has been effective in identifying areas for improvement. Care records are further discussed in section 6.2.3 of this report.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to the laundry area.	Met
	Action taken as confirmed during the inspection: We observed that the laundry door was secure and that a mechanism had been fitted to ensure it remained secure.	
Area for improvement 3 Ref: Standard 43 Stated: First time	The registered person shall ensure that the areas relating to the environment identified in the report are addressed; this relates specifically to the area of identified corridor flooring.	Carried forward for review at the next inspection.
	Action taken as confirmed during the inspection: Records confirmed that flooring has been ordered to this area of the home but due to the global pandemic the contractors had not attended the home to lay the flooring. Due to the ongoing pandemic this area for improvement is carried forward for review at the next inspection.	

Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that there patient areas are deep cleaned on a regular basis, as appropriate.	Met
	Action taken as confirmed during the inspection: We observed that cleaning schedules were in place to evidence patient areas are deep cleaned regularly.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients told us the following:

"The staff are great."

"All the staff are very good, very agreeable."

We spoke with eight members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives.

Arrangements were in place to ensure that newly appointed staff received training, including practical manual handling training, as part of their induction to the home.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2 Care delivery

We visited the first floor unit mid-morning. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing.

Those patients who were nursed in bed had records in place to confirm that staff assisted them to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly. Patients were provided with pressure relieving equipment such as cushions and mattresses.

We observed the serving of lunch. The tables in the dining room were nicely set with a range of cutlery and condiments; the daily menu was provided on each table to inform patients of the dishes available. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime. There was a choice of dish at each meal and patients were complimentary regarding the meals provided. Patient weights were monitored at least monthly. Records were maintained of patients' daily dietary and fluid intake. There was evidence of referrals to relevant professionals such as dietitians and Speech and Language Therapists (SALT) when required.

We noted from the recording of weights that one set of scales was broken and as a result a number of patients had not been weighed since August. The manager confirmed that they were currently being repaired; records evidenced that action had been ongoing in an attempt to have them repaired.

We discussed the provision of activities; they are two activity co-ordinators employed. They explained that currently due to the pandemic activities are being delivered a one to one basis or in small groups where social distancing can be maintained, for example a quiz or sing-a-long in the lounge.

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments received:

"Culmore is the best place, continue your good work."

"Thank you for continuing to look after ..(relative).. during this strange time – all the residents and their families would be lost without you."

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. Patients told us:

"I feel safe here, always did."

"There is a wonderful entertainments officer who keeps us busy."

"Came here for two months and I'm still here two years later, that must say something."

We discussed the arrangements for visiting with the manager who explained that previously visiting had been facilitated in a marquis at the back of the home, This arrangement has recently been suspended due to the increase transmission in the local community and the outbreak in the home. The manager confirmed that this arrangement is being kept under review and that separate arrangements are in place for patients at end of life. We discussed the need to consider how face to face visiting could be facilitated in the future given that a marquis may not be suitable with the seasonal changes in weather.

Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place. Patients on the ground floor of the home continued to receive visits through their window from relatives. An enclosed box was available at the front door of the home for relatives to leave personal items, for example toiletries, news papers, sweets, for their loved ones.

6.2.3 Care records

A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Where a patient is assessed as at risk of developing pressure ulcers a care plan must be in place; this was identified as an area for improvement. Care records were not consistently reviewed; this had been identified by a recent audit and was being addressed by the manager.

Healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed two patients' needs in relation to wound prevention and care. Records confirmed that the wound was dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. There were also signs displayed stating that the home was closed to visitors and that any caller must not proceed into the home but wait for a member of staff.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Records evidenced that regular hand hygiene audits were completed monthly and evidenced good compliance with best practice. We discussed the benefits of auditing staff practice with putting on and removing PPE which the manager agreed to consider.

The manager confirmed that staff temperatures were being checked and recorded a minimum of twice daily. The home was part of the national COVID 19 screening programme for care homes with staff being tested every two weeks and patients being tested monthly.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. On the first floor unit there was significant damage to the

wood and paintwork of the doorframes and skirting's. These require repaired and repainted; this was identified as an area for improvement. A sign was displayed on the external door of one bathroom to remind staff not to store equipment in the bathroom however we observed that a number of items were inappropriately stored. The bathroom was cleared prior to the conclusion of the inspection. The manager must monitor this issue closely to ensure that equipment is not inappropriately stored. This was identified as an area for improvement.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. The annual fire risk assessment was completed on the day of the inspection.

6.2.6 Leadership and management

There have been no changes to the management arrangements since the previous inspection. The manager continues to be supported by the deputy manager, clinical lead and the responsible person. The manager has submitted an application to register with RQIA; this application is being processed.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. We talked at length regarding care records and how frequently each patients' record should be audited; we discussed a number of approaches for the manager to consider.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the pandemic by the responsible person. It was good to note that the visit in October identified the issue with the storage in the bathroom and was included in the action plan. There was no visit completed for September 2020. The importance of ensuring that arrangements are in place to ensure visits are completed every month was discussed. The reports of the completed visits were available in the home.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Areas for improvement were identified with care plans, storage of equipment and repairs to the environment

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Patients were well cared for, content and settled. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ryan O'Donnell, manager, and Ciaran Burke as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 43 Stated: First time To be completed by: 17 February 2020	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed; this relates specifically to the area of identified corridor flooring.</p> <p>Ref 6.1</p> <p>Action required to ensure compliance with this standard was reviewed and a decision made that this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 23.2 Stated: First time To be completed by: 19 November 2020	<p>The registered person shall ensure that where a patient is assessed as at risk of pressure damage a prevention and treatment care plan is put in place.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Home Manager has increased the surveillance of care file auditing within the Home and will, through this process, drive improvements in the assessments and prescriptions of care. The assessment, prevention and treatment of pressure damage has been identified as an area for supervision and further training for nursing staff.</p>
Area for improvement 3 Ref: Standard 44.1 Stated: First time To be completed by: 21 January 2021	<p>The registered person shall ensure that the damaged doorframes and skirting's on the first floor unit are repaired and repainted.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The identified skirting boards and doorframes have been attended to through remedial repairs and repainting. The environmental audit for the Home will be completed by Home Manager in future and will include the fabric of the building.</p>

Area for improvement 4	The registered person shall ensure that equipment is not inappropriately stored in the identified bathroom
Ref: Standard 43	
Stated: First time	Ref: 6.2.5
To be completed by: Ongoing from the date of inspection	Response by registered person detailing the actions taken: The Home Manager checks this bathroom on a daily basis and documents within the bathroom that it is free from clutter or storage. Supervisions were carried out with staff working on the upper floor of the Home. A further formal discussion was had with the maintenance officer to identify his responsibilities in respect of maintaining this room in good order

Please ensure this document is completed in full and returned via Web Portal



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